

AUTO CR - LOG SUMMARY #1051957

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved member discharged his firearm three times, destroying a pit bull that was viciously attacking another dog	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	BLYSKAL, DAVID M	1122		007 /	SERGEANT OF POLICE	M	WHI	

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
17-FEB-2012 10 03 - 17-FEB-2012 10 03	5 [REDACTED] 6 [REDACTED]	0711	007	291 - RESIDENTIAL YARD	(FRONT/BACK)

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	DOLAN, MICHAEL A	1779		007 /	POLICE OFFICER	M	WHI	

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Investigator History

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	29-MAR-2012 12:21	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	29-MAR-2012 12:21	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	06-MAR-2012 02:02	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	06-MAR-2012 01:31	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	06-MAR-2012 01:31	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	01-MAR-2012 06:56	DEAN, BRUCE	SUPERVISING INV COPA	113 /	flashlight; pit bull that (not who)
PENDING SUPERVISOR REVIEW	01-MAR-2012 11:31	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	19-FEB-2012 08:30	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	Need alcohol and drug testing
PENDING SUPERVISOR REVIEW	18-FEB-2012 11:23	MERRITT, THERESA	INVESTIGATOR I COPA	113 /	
PRELIMINARY	18-FEB-2012 11:23	MERRITT, THERESA	INVESTIGATOR I COPA	113 /	
PRELIMINARY	18-FEB-2012 11:21	MERRITT, THERESA	INVESTIGATOR I COPA	113 /	
PRELIMINARY	17-FEB-2012 10:43	JOHNSON, NICOLE	INTAKE AIDE	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					JOHNSON, NICOLE	17-FEB-2012 10:43			
	DOCUMENTS - INTAKE INCIDENT		2		N	MERRITT, THERESA	18-FEB-2012 10:58	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		14		N	TOUSANT, LISA	01-MAR-2012 11:30	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		5		N	MERRITT, THERESA	18-FEB-2012 10:55	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	MERRITT, THERESA	18-FEB-2012 10:57	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 17-FEB-2012) - LOG #1051957

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	BLYSKAL, DAVID M	1122		007 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
17-FEB-2012 10:03 - 17-FEB-2012 10:03		0711	007	291 - RESIDENTIAL YARD (FRONT/BACK)	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	17-FEB-2012 10:43	JOHNSON, NICOLE	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	29-MAR-2012 12:21	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PRELIMINARY	18-FEB-2012 11:23	MERRITT, THERESA	INVESTIGATOR I COPA	113 /	
PRELIMINARY	18-FEB-2012 11:21	MERRITT, THERESA	INVESTIGATOR I COPA	113 /	
PRELIMINARY	17-FEB-2012 10:43	JOHNSON, NICOLE	INTAKE AIDE	113 /	

[Home](#) » [Arrest](#) » [Arrest Report Search/Print](#)

This is the **Original Report**

CB No. [REDACTED] IR No. [REDACTED] RD No. [REDACTED] Arrest Date **17-FEB-2012 09:30**
 District of **DISTRICT 007** Holding Facility **DISTRICT 007 LOCKUP**
 Initial Approval
 Status **IDENT. CLEARED**
 POD Related? **NO**
 Arrestee Armed With **UNARMED**

[Print JUV Rap](#) [Print Adult Rap](#)

[< Return](#) [Print](#)

Offender Information

Last Name [REDACTED] First Name [REDACTED] Middle Name [REDACTED]
 Name Suffix [REDACTED] Nickname [REDACTED] SSN [REDACTED]
 Alias Last Name [REDACTED] Alias First Name [REDACTED]
 FBI No [REDACTED] SID No [REDACTED]
 Drivers License No. [REDACTED] Issuing State **ILLINOIS**
 Resisted Arrest? **NO** TRR Completed? **NO**
 Dependent **NO** DCFS Ward? **NO**
 Children? **NO**

Mugshot



Gang Affiliation (Gang Arrest Card)

Gang Name [REDACTED] Faction Name [REDACTED]
 Rank [REDACTED] Role [REDACTED] Known Hangout [REDACTED]

Offender Description

Birth Place **ILLINOIS** Birth Date [REDACTED] Age **47**
 Sex **MALE** Race **BLACK** Eye Color **BROWN**
 Hair Color **GREY/PART GREY** Hair Style **NATURAL** Complexion **BLACK**
 Height **508** Weight **150**
 Occupation **MECHANIC** Employer / School [REDACTED]

Offender Scar Marks

No Records Found

Offender Identifications

no data found

Arrest / Offender Address

Type	Location	Address	County	Beat	Phone	CHA Property
Arrest	Sidewalk	[REDACTED]	Cook	711	[REDACTED]	No
Residence		[REDACTED]	312	[REDACTED]	[REDACTED]	No

row(s) 1 - 2 of 2

Non Offender Information

Role	Name	Sex	Race	Birth Date	Age	Arrested?	Deceased?	Hospitalized?	Hospital Treated and Released?	Comments
Victim And Complainant	STATE OF ILLINOIS					NO	NO	NO		NO
Emergency Contact	[REDACTED]					NO	NO	NO		NO

row(s) 1 - 2 of 2

Non Offender Addresses

Role	Name	Type	Street No.	Dir	Street Name	Apt	City	ST	Zip	Beat	Phone No.
Emergency Contact	[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]

row(s) 1 - 1 of 1

Non Offender Additional Contact Numbers

No Records Found.

Non Offender Injuries

No Records Found

ASA Felony /ADS / Detective Information

No Records Found

Offense

Line	IUCR Statute	C T Inchoate Code	Domestic Violence Victim	Amended/Amended to Line No
1	510 ILCS 70.0/3.01 Animal - Cruelty To Animals	A M Offense As Cited No	STATE OF ILLINOIS,	

row(s) 1 - 1 of 1

Recovered Narcotics

No Records Found

Arrestee Questionnaire

Question	Response
1. Presently Taking Medication?	No
2. (If Female)Are You Pregnant?	No
3. First Time Ever Been Arrested?	No
4. Attempted Suicide/Serious Harm?	No
5. Serious Medical Or Mental Problems?	No
6. Are You Receiving Treatment?	No

row(s) 1 - 6 of 6

Visual Check of Arrestee

Question	Response
1. Is There Obvious Pain Or Injury?	No
2. Is There Obvious Signs Of Infection?	No
3. Under The Influence Of Alcohol/Drugs?	No
4. Signs Of Alcohol/Drug Withdrawal?	No
5. Appears To Be Despondent?	No
6. Appears To Be Irrational?	No
7. Carrying Medication?	No

row(s) 1 - 7 of 7

Lockup Keeper Remarks

Lockup Keeper Response

Referred To

Placed in one person cell ? ☐ Placed under close observation? ☐

Warrants Information

No Records Found.

Associated Incidents

No Records Found.

Associated Arrests

No Record Found.

Associated Cases

No Record Found.

Dispersal Events

Dispersal Event No. Arrest Event No.

Mission Number

Mission No.

Arrestee Vehicle Information

The Arrestee was not a driver or passenger at the time of arrest

Year
Model
Style []
Vin No

Make
Top Color []
Inventory No

Type
Bottom Color []

Vehicle License Information

License No
Used as Weapons? NO
Vehicle Impounded? NO
Towing Agency
Tow Report No.

License State [] Expiry Date
Disposition

Transport Information

PO's Assigned to Vehicle	Transport Beat	Transport Time
1PO	0711	17-FEB-2012 10:45

Involved Employees Information

Employee Role	Last Name	First Name	Employee No.	Star No.	Agency Name	Beat
1st Arresting Officer	DOLAN	Michael		12352		0711
Attesting Officer	DOLAN	Michael		12352		
Lockup Keeper	READY JR	James		11641		
Searched By	POSADA	Joe		12278		
Fingerprinted By	POSADA	Joe		12278		

row(s) 1 - 5 of 5

Approval Information

Name	Employee No.	Star No.
Probable Cause Approved By: GIGLIO, ROBERT		2263
Final Approved By: FIDLER, BRENT		472

Interview Logs

No Record Found.

Visitor Logs

No Record Found.

Booking Information

Fingerprints Taken ? Yes
Palmprints Taken? YES
Time Printed 17-FEB-2012 13:07 Time Photographed 17-FEB-2012 13:09 Time Fed
Cell No. 8 Phone Number Called Time Called
Received In Lockup 17-FEB-2012 12:58

Court Information

Court Sergeant ?	NO	Released from Holding Facility.	17-FEB-2012 19:36
Desired Court Date	03-APR-2012	Desired Branch Call	34-2
Initial Court Date	03-APR-2012 00:00	Initial Court Branch	34-2
Room No.	Address	155 W 51ST ST	
Initial Room No.	Address	155 W 51ST ST	

no data found

Bond Information

Bond Date 17-FEB-2012 Bond Type RECOGNIZANCE
Bond Amount \$1500.00 Bond Receipt No. I7713715

Narratives

EV# [REDACTED] IN SUMMARY, A/O WAS CALLED TO ABOVE ADDRESS REFERENCE A DOG-FIGHTING ASSIGNMENT PER OEMC. UPON ARRIVAL A/O HEARD MULTIPLE CITIZENS SCREAMING THAT AN UNK DOG WAS KILLING ANOTHER DOG IN THE REAR OF 5837 S

UNION. A/O WITNESSED A LARGE BLK/WHITE PITBULL ATTACKING A SMALLER BROWN DOG CAUSING OBVIOUS INJURY. UPON INSPECTION, A/O FOUND NO SIGNS OF ADEQUATE SHELTER, NO FOOD, NOR WATER. A/O DETECTED ANOTHER ANIMAL INSIDE THE HOUSE. OFFENDER APPROACHED A/O AND RELATED THAT THE ABOVE DOGS WERE HIS. OFFENDER RELATED THAT HE INTENTIONALLY LEFT THE SMALL BROWN DOG OUTSIDE AND LEFT THE OTHER TWO DOGS INSIDE. THE INSIDE OF THE RESIDENCE HAD NO HEAT, NO FOOD, AND NO WATER FOR THE ANIMALS. UPON INSPECTION OF HOUSE, A/O COULD FOUND ALL THE DOORS AND WINDOWS TO BE LOCKED WITH NO AVENUE OF ESCAPE FOR ANY OF THE DOGS. OFFENDER RELATED THAT HE DOES NOT LIVE AT THE ABOVE ADDRESS AND ONLY COMES TO CHECK ON THE HOUSE. OFFENDER HAD NO REGISTRATION PAPERS NOR RABBIES TAGS FOR ANY OF THE DOGS. ALL DOGS CONFISCATED BY CITY OF CHICAGO ANIMAL CONTROL DEPT. ABOVE OFFENDER PLACED INTO CUSTODY AND TRANSPORTED TO 007 FOR PROCESSING. ABOVE OFFENDER IS CLEAR LEADS/NCIC/HOT DESK. OFFENDER NOT IN GIPP/TRAPP/PAROLE. PERSONAL PROP INV # [REDACTED] 1 AND [REDACTED]

Create Inventory

Inventory No.	Recovery Date	Incident Type	Incident No.	No. of Items	Unit of Inventory	Status (***** if items are not in the same status)
[REDACTED]	17-FEB-2012	RD	[REDACTED]	[REDACTED]	DISTRICT 7	TURNOVER
[REDACTED]	17-FEB-2012	RD	[REDACTED]	[REDACTED]	DISTRICT 7	TURNOVER

1 - 2

Watch Commander Comments

No Record Found.

Lockup Keeper Comments

No Record Found.

1 DATE OF INCIDENT 17-FEB-2012		TIME 08:55:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 291		4 BEAT/OCCUR 0711									
5 POSITION 9161		6 LAST NAME DOLAN		7 FIRST NAME MICHAEL A		8 STAR NO 12352		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE WHI		11 AGE [REDACTED]		12 HT 508		13 WT 149			
14 DATE OF APPT 25-OCT-1999				15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 007 0711				17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
20 LAST NAME [REDACTED]				21 FIRST NAME [REDACTED]				22 M I [REDACTED]		23 SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE [REDACTED]		25 D O B [REDACTED]		26 HT [REDACTED]		27 WT [REDACTED]	
28 ADDRESS [REDACTED]				29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]				34 BY WHOM? [REDACTED]		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid													
36 CHARGES PLACED [REDACTED]				<input checked="" type="checkbox"/> DNA				37 CB NO [REDACTED]		IR NO [REDACTED]				<input checked="" type="checkbox"/> DNA					
38 DNA <input checked="" type="checkbox"/>		SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE							
		DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>									
		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>									
REASON FOR USE OF FORCE (Check all that apply)		MEMBER'S RESPONSE		MEMBER PRESENCE <input type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>							
		VERBAL COMMANDS <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER <input type="checkbox"/>									
		ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 43) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 43) <input type="checkbox"/>											
WEAPON DISCHARGE INCIDENT		WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>							
		ARM BAR <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER <input type="checkbox"/>											
		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER <input type="checkbox"/>											
39 DNA <input type="checkbox"/>		OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		40 ADDITIONAL INFORMATION ANIMAL DESTRUCTION															
		POSITION		STAR NO		UNIT													
		41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR									
70 UNREVIEWED		45 MAKE/MANUFACTURER SIG/S. I. G /SWISS INDUSTRIAL GESELLSCHAFT -- SZ--		46 MODEL P226		47 BARREL LENGTH 4.5		48 CALIBER/GAUGE 9 MM											
		49 TASER DART ID NO [REDACTED]		50 WEAPON SERIAL NO (Include Letters) [REDACTED]		51 CHICAGO GUN REG NO [REDACTED]		52 IL FIREARM OWNER ID. NO [REDACTED]		53 HANDGUN CERTIFICATE NO [REDACTED]									
		54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]		55 PROPERTY INVENTORY NO [REDACTED]		56 TYPE OF AMMUNITION USED Department Issued		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO OF SHOTS MEMBER FIRED 3									
71 R.O. NO		59 WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61 NO OF CARTRIDGES/SHOT SHELLS RELOADED 0		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST)											
		63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65 DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO													
		66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - .05 FT <input checked="" type="checkbox"/> 02 .05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT															
72 CASE INFO.		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)															
		NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OF COMMAND <input checked="" type="checkbox"/> DET. DIV															
		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																	
SIGNATURES		73 REPORTING MEMBER (Print Name) DOLAN, MICHAEL A		STAR/EMPLOYEE NO 12352		SIGNATURE [REDACTED]													
		17-FEB-2012 11:08:26		[REDACTED]															
		Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																	
74 REVIEWING SUPERVISOR (Print Name) BLYSKAL, DAVID M		STAR NO 1122		SIGNATURE [REDACTED]		DATE REVIEWED 17-FEB-2012 11:09:34		TIME											

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Officer Dolan discharged his handgun to stop a pitbull dog that was viciously attacking another dog. Officer Dolan's actions were in compliance with Department procedures and directives. Administrative Log # 1051957 obtained.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO 1051957 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

GULLIFORD, WAYNE M

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

17-FEB-2012 11:17:33

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ IO FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No

1

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11 388(5/03)-C)

RD #: [REDACTED]
EVENT #: [REDACTED]
Case ID [REDACTED]

INCIDENT	CLEARED CLOSED (ARREST AND PROSECUTION)		
	IUCR: 501A - Other Offense - Animal Abuse/Neglect		
	Occurrence Location: [REDACTED] 291 - Residential Yard (Front/Back)	Beat: 0711	Unit Assigned: 0711 RO Arrival Date: 17 February 2012 08:55 # Offenders: 1
	Occurrence Date: 17 February 2012 08:55		

NON OFFENDER	VICTIM - Government	
	Name: STATE OF ILL/CITY OF CHICAGO 1438 W 63rd St Chicago, IL	Demographics Age: [REDACTED] Years Contact Person: P.O. M DOLAN
	Beat: 0713	
	Other Communications and Availability	
Residence Phone: [REDACTED]		

INJURIES	Contact Person: P.O. M DOLAN
	[REDACTED]

SUSPECTS	Suspect # 1		In Custody
	Name: [REDACTED]	Demographics	
	Res: [REDACTED]	Beat: 0312	Male Black 5'08, 150 lbs Brown Eyes Grey/Part Grey Hair Natural Hair Style Black Complexion
	DOB: [REDACTED] Age: 47 years Birth Place: IL		
Other Communications and Availability			

DOMESTIC INFO	[REDACTED]
	[REDACTED]

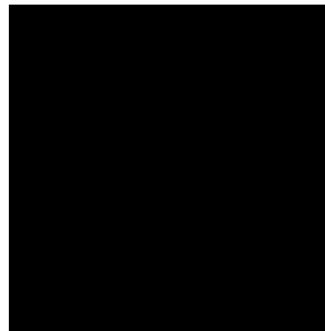
OTHER	Miscellaneous
	Victim Information Provided Flash Message Sent ? No

NOTIFICATIONS	Request Type	Date
	Notification	17 February 2012 09.45

NARRATIVE	<p>EV# [REDACTED] IN SUMMARY, R/O WAS ASSIGNED OEMC CALL OF DOG-FIGHTING AT [REDACTED] UPON ARRIVAL IN REAR OF LOCATION, R/O HEARD SCREAMING COMING FROM MULTIPLE CITIZENS WHO WERE RELATING THAT AN UNK PITBULL DOG WAS KILLING ANOTHER DOG. R/O WITNESSED A LARGE BLK/WHITE PITBULL VICIOUSLY ATTACKING A SMALLER BROWN DOG, BITING IT ABOUT THE NECK, HEAD, AND BODY. CITIZENS RELATED TO R/O THAT NOBODY WAS HOME OR LIVED AT [REDACTED] AND THAT THEY HAD NEVER SEEN THE BLK/WHITE PITBULL BEFORE. R/O DISCHARGED HIS DUTY WEAPON 3 TIMES AND DESTROYED THE BLK/WHITE PITBULL. AT THIS TIME R/O FOUND NO EVIDENCE OF ANY FOOD, WATER, OR SHELTER FOR THE DOGS. A/O FOUND NO ONE TO BE HOME AT LOCATION AND FOUND ALL DOORS AND WINDOWS LOCKED A/O COULD HEAR AND SEE ANOTHER DARK COLORED PITBULL INSIDE THE HOUSE. OUTSIDE TEMPURATURE AT TIME OF INCIDENT WAS APPROX 40 DEGREES. DURING INVESTIGATION [REDACTED] (OFFENDER) APPROACHED R/O AND RELATED THAT HE OWNED SAID DOGS ALONG WITH ANOTHER DOG INSIDE THE HOUSE [REDACTED] (OFFENDER) RELATED THAT HE INTENTIONALLY LEFT THE SMALL BROWN DOG OUTSIDE OVER NIGHT AND HAD PUT THE BLK/WHITE PITBULL INSIDE WITH ANOTHER DOG. R/O UNABLE TO DETERMINE HOW BLK/WHITE PITBULL COULD HAVE ESCAPED INTERIOR OF HOUSE. INSPECTION OF INTERIOR OF HOUSE REVEALED NO FOOD, HEAT, OR WATER FOR ANY DOGS. THE FLOORS THROUGHOUT THE FIRST FLOOR WERE COVERED IN FECES AND URINE. ANIMAL CONTROL UNIT 207 TOOK POSSESSION OF ALL THREE DOGS. (ANIMAL CONTROL # [REDACTED] BT 5812 ON SCENE TO PROCESS. BT 710 ON SCENE. A/1 DEP CHIEF GULLIFORD ON SCENE. R/O SPOKE WITH CITIZENS ON THE [REDACTED] WHO RELATED THAT UNK INDIVIDUALS ARE BRINGING NEW DOGS INTO [REDACTED] ON A WEEKLY BASIS [REDACTED] (OFFENDER) PLACED INTO CUSTODY AND TRANSPORTED TO 007 FOR PROCESSING. GANG INVESTIGATIONS/ANIMAL FIGHTING UNIT NOTIFIED. P.O. WARD #9283.</p> <p>NOTIFICATION: SERGEANT Beat#: Star#: Emp#: Date: 17-FEB-2012 Time: 0900 ONS</p> <p>NOTIFICATION: WATCH COMMANDER Beat#: Star#: Emp#: Date: 17-FEB-2012 Time: 0900 NOT</p> <p>NOTIFICATION: DISTRICT DESK Beat#: Star#: Emp#: Date: 17-FEB-2012 Time: 0900 NOT</p> <p>SUPERVISOR ON SCENE - STAR#: NAME: BLYSKAL BEAT: 0710</p> <p>OTHER SUPPORT - STAR#: NAME: BEAT: 5812</p>
------------------	---

PERSONNEL		Star No	Emp No	Name	User	Date	Unit	Beat
	Approving Supervisor	1122	# [REDACTED]	BLYSKAL, David, M	[REDACTED]	17 Feb 2012 12:42	007	
	Reporting Officer	12352	# [REDACTED]	DOLAN, Michael, A	[REDACTED]	17 Feb 2012 12:16	007	0711

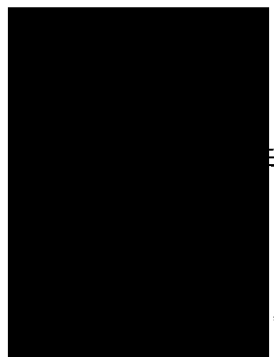




SUBJECT TEST
 %BAC TIME
 .000 BLANK
 .000 AUTO 19:53

SUBJECT

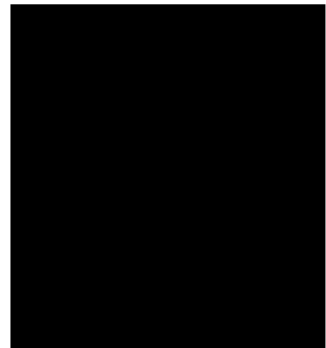
OPERATOR
 ANN 1220
 WITNESS
 DNA
 TEST LOCATION
 1957



SUBJECT TEST
 %BAC TIME
 .000 BLANK
 .000 AUTO 10:53

SUBJECT

OPERATOR
 CANN 1220
 WITNESS
 DNA
 TEST LOCATION
 1051957



SUBJECT TEST
 %BAC TIME
 .000 BLANK
 .000 AUTO 10:53

SUBJECT

OPERATOR
 CANN 1220
 WITNESS
 DNA
 TEST LOCATION
 1051957

BUREAU OF INTERNAL AFFAIRS
INVESTIGATIONS DIVISION
GENERAL INVESTIGATIONS SECTION

DATE: 17 FEB 2012
Log# 1051957

TO: Juan Rivera
Chief
BUREAU OF INTERNAL AFFAIRS

ATTN: Robert Klimas
Commander
Investigation Division

ATTN: Lt. Susan Clark # 320
BUREAU OF INTERNAL AFFAIRS
Administrative Section

FROM: Sergeant Steven J. Cannizzo# 2493
BUREAU OF INTERNAL AFFAIRS
General Investigations Section

SUBJECT: Synoptic Report – Firearm Discharge Incident (Animal)

RESULTS: BAC .000
REFERENCE: LOG # 1051957 WD # [REDACTED]

INCIDENT
LOCATION: [REDACTED]

DATE & TIME: 17 FEB 2012 @ 0846 Hrs.

OCIC: Deputy Chief W. Gulliford
F.O.P Rep. D-N-A
Sgt. Assoc. Rep D-N-A

INVOLVED MEMBER(s): P/O Michael Dolan
Star # 12352
Employee # [REDACTED]
Unit of Assignment 007th District
DOA: [REDACTED] DOB: [REDACTED]

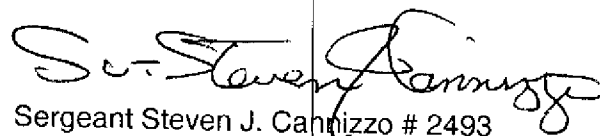
NARRATIVE:

R/Sgt received notification from Lt. Susan Clark # 320, Administrative Section / Bureau of Internal Affairs at 0935 hours on 17 FEB 2012 regarding a Firearm Discharge Incident in the 007th District.

R/Sgt arrived at the 007th District at 1010 Hrs. and began the 20 min observation period of P/O Michael Dolan at 1030 hours. P/O Dolan was presented with the "Notice of Alcohol and Drug Testing Following a

Firearm Discharge Incident" form. The Breath Test was conducted at 1053 hours and the BAC was .000. The OCIC was notified of the results.

R/Sgt then collected the urine specimen of P/O Dolan at 1055 Hrs.



Sergeant Steven J. Cannizzo # 2493
BUREAU OF INTERNAL AFFAIRS
General Investigations Section

APPROVED:



Lt. Susan Clark # 320
BUREAU OF INTERNAL AFFAIRS
Administrative Section



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name MICHAEL DOLAN Title P10
Star No. 12352 Employee No. [REDACTED] Unit 007

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

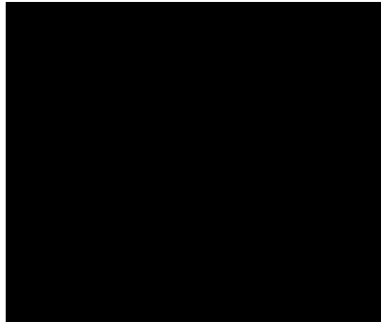
Print Member's Name	Involved Member's Signature	Date and Time
<u>MICHAEL DOLAN</u>	<u>P.O. [Signature]</u> 12352	<u>17 FEB 2012 1030 AM</u>

Type of Test	Location	Date and Time
<u>Alcohol</u>	<u>007th Dist.</u>	<u>17 FEB 2012 1053</u>
<u>Drug</u>	<u>007th Dist.</u>	<u>17 FEB 2012 1052</u>

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
<u>Sgt STEVEN J. CAMPBELL</u>	<u>Sgt Steven J. Campbell</u> # <u>2493</u>	<u>17 FEB 2012 1300</u>

CPD-44.252 (REV. 11/11) DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER



SUBJECT TEST
XBAC TIME

.000 BLANK
.000 AUTO 10:53

SUBJECT



OPERATOR

CANNIZZO

WITNESS

DNA

TEST LOCATION

1051957

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by

☐ Employer Representative

SGT. STEVEN J. CANNIZZO 2493

Signature of Employer Representative

PART I -

A. On the 17 day of FEBRUARY, 2012 at 10:55, I, MICHAEL DOLAN #12352,
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to SGT. STEVEN J. CANNIZZO 2493,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

☒ Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

☒ Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

☒ Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number [REDACTED]

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number [REDACTED]

A MAIN TEST VIAL - NO. [REDACTED] B ALTERNATE TEST VIAL - NO. [REDACTED]

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

20 Jan 12

12352

SGT. STEVEN J. CANNIZZO

2493

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

SGT. STEVEN J. CANNIZZO

2493

SGT. STEVEN J. CANNIZZO

2493

PART II -

The urine specimen with the control number WD1280524P was received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

MI COLON, on 1/17/2012, at 11:00,
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number _____
was removed from the Random Drug Testing Unit refrigerator by _____
(RDTU MEMBER)
and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

QUEST DIAGNOSTICS
4000 PARK DRIVE, SUITE 100
FARMINGTON, CT 06031
TEL: 860-745-5054 FAX: 860-745-5055

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:

☒ Photo ID

☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1)

☐ Random (3)

☐ Reasonable Suspicion/Cause (5)

☐ Post-Accident (2)

☐ Promotion (22)

☐ Return to Duty (6)

☐ Follow-up (23)

☒ Other (specify) (99)

G. Drug Tests to be Performed:

☒ 5-Panel SAP 10-Panel Drug

MANDATORY POST-EMPLOYMENT
DISCHARGE

H. Collection Site Name:

CCTV DIST.

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split

☒ Single

☐ None Provided (Enter Remark)

☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

Signature of Collector
1055
Time of Collection
17/5/2012
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier

☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED

AT LAB: ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen
Bottle Seal Intact

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Daytime Phone No.

Evening Phone No.

Date (Mo./Day/Yr.)

Date of Birth

Mo Day Yr

Last Name: DOLAN
First Name: MICHAEL
Rank: 310
Star #: 12352
Unit: 007
Home Zip Code: /
Date Hired: 25 OCT 1999
Birthdate: [REDACTED]

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 17th day of FEBRUARY 2012, I MARIA COLON # 24975
received a collected urine specimen from Sgt. Cannizzo # 2493. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by MARIA COLON # 24975 in the presence
of Sgt. Cannizzo # 2493. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by MARIA COLON, as witnessed by Sgt. Cannizzo

Specimen delivered by:

Sgt. Cannizzo # 2493
Signature

Received/stored by:

Maria Colon # 24975
Signature

Last Name: DOLAN
First Name: MICHAEL
Rank: R10
Star #: 12352
Unit: 007
Home Zip Code:
Date Hired: 25 OCT 1999
Birthdate:

17 FEB 12.

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by SGT. STEVEN J. CANNIZZO #2493

☐ Employer Representative

Steven J. Cannizzo
Signature of Employer Representative

PART I -

A. On the 17 day of FEBRUARY, 2012 at 10:55 (TIME), MICHAEL DOLAN #12352 (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to SGT. STEVEN J. CANNIZZO #2493 (PRINT RECEIVING STAFF MEMBER'S NAME) and witnessed this member:

☒ B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

☒ C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

☒ D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number [REDACTED]

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number [REDACTED]

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.
[REDACTED]	[REDACTED]

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

P.O. #12

12352

SGT. Steven J. Cannizzo

2493

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

SGT. Steven J. Cannizzo

2493

SGT. Steven J. Cannizzo

2493

PART II -

The urine specimen with the control number [REDACTED] as received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

M. Colon

(STAFF MEMBER'S SIGNATURE)

on 17 FEB 12

(DATE)

at 11:29 AM

(TIME)

(EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number _____

was removed from the Random Drug Testing Unit refrigerator by _____

and then delivered to _____

(LAB MEMBER)

on _____

(DATE)

(RDTU MEMBER)

at _____

(TIME)

Specimen received by _____

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name:

Last:

First:

E. Donor ID Verified:



Photo ID



Emp. Rep.

F. Reason for Test:



Pre-employment (1)



Random (3)



Reasonable Suspicion/Cause (5)



Post-Accident (2)



Promotion (22)



Return to Duty (6)



Follow-up (23)



Other (specify) (99)

G. Drug Tests to be Performed:

MAJORLY POT FINGERING
DISCHARGE

H. Collection Site Name:

Address:

City, State and Zip:

Collection Site Code:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:



Split



Single



None Provided (Enter Remark)



Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

Signature of Collector
(Print) Collector's Name (First, MI, Last)

Time of Collection
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:



Quest Diagnostics Courier



FedEx

Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact



Yes



No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a temper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

Signature of Donor

Daytime Phone No.

(PRINT) Donor's Name (First, MI, Last)

Evening Phone No.

Date of Birth

Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:



NEGATIVE



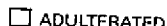
POSITIVE



TEST CANCELLED



REFUSAL TO TEST BECAUSE:



ADULTERATED



SUBSTITUTED

REMARKS



Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:



RECONFIRMED



FAILED TO RECONFIRM - REASON



Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name MICHAEL DOLAN Title P10
Star No. 12352 Employee No. [REDACTED] Unit 007

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name <u>MICHAEL DOLAN</u>		Involved Member's Signature <u>P.O. [Signature]</u> 12352		Date and Time <u>17 FEB 2012 1030 AM</u>	
Type of Test: Alcohol	Location: <u>007th Dist.</u>	Date and Time:	<u>17 FEB 2012 1053</u>		
Type of Test: Drug	Location: <u>007th Dist.</u>	Date and Time:	<u>17 FEB 2012 1053</u>		

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name <u>Sgt. STEVEN J. CARROLL</u>		B.I.A. Supervisor's Signature <u>[Signature]</u> #2493		Date and Time <u>17 FEB 2012 1300</u>	
---	--	--	--	--	--

CPD-44.252 (REV. 11/11)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.



LABORATORY REPORT
Quest
Diagnostics

PARTICIPANT NAME		PARTICIPANT ID	ROOM NO	AGE	SEX	PHYSICIAN
LAB REF. #		COLLECTION DATE & TIME		LOG-IN DATE	FAX DATE	& TIME
02172012 10:55AM		02182012		02182012	10:49AM	

REASON FOR TEST: MANDATORY POST FIREARMS DISCHA
DONOR ID VERIFIED: PHOTO I.D.

REPORT STATUS	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
		IN RANGE	OUT OF RANGE			
REPORT FOR:	CHICAGO POLICE DEPT RANDOM DRUG UNIT, #18 3510 S MICHIGAN AVE CHICAGO, IL 60653					
Tests Ordered: 35190N (SAP 10-50/2000 W/NIT)						
Integrity Checks						
CREATININE		175.6 mg/dL			Acceptable Range	
pH		5.1			>= 20 mg/dL	
OXIDIZING ADULTERANTS		Negative			4.5-8.9	
Substance Abuse Panel						
AMPHETAMINES		Negative		Initial Test Level	MS Confirm Test Level	
BARBITURATES		Negative		1000 ng/mL	500 ng/mL	
BENZODIAZEPINES		Negative		300 ng/mL	200 ng/mL	
COCAINE METABOLITES		Negative		300 ng/mL	200 ng/mL	
MARIJUANA METABOLITES		Negative		300 ng/mL	150 ng/mL	
METHADONE		Negative		50 ng/mL	15 ng/mL	
METHAQUALONE		Negative		300 ng/mL	200 ng/mL	
OPIATES		Negative		300 ng/mL	200 ng/mL	
PHENCYCLIDINE		Negative		2000 ng/mL	2000 ng/mL	
PROPOXYPHENE		Negative		25 ng/mL	25 ng/mL	
				300 ng/mL	200 ng/mL	
CERTIFYING SCIENTIST: [REDACTED]						
SPECIMEN RECEIVED AND PROCESSED IN THE LENEXA DHHS CERTIFIED LABORATORY.						
LAB	Quest Diagnostics-Lenexa 10101 Renner Blvd Lenexa KS 66219					
>> END OF REPORT <<						